PART B - FEE(S) TRANSMITTAL

DEC 1 4 2005	his form, together wit		or Fax	Commissioner P.O. Box 1450 Alexandria, V	for Patents irginia 22313-1450	
ASTRUCTIONS: Dis for appropriate. All refiler cominding the MADES corrected by maintenance fee notification	elow or directed otherwise	smitting the ISSU Patent, advance of in Block 1, by (a	JE FEE and PUI ders and notifica) specifying a ne	BLICATION FEE (if ration of maintenance few correspondence address	equired). Blocks I through 5 is will be mailed to the curren ess; and/or (b) indicating a sep	should be completed where t correspondence address as parate "FEE ADDRESS" for
CURRENT CORRESPONDENCE	any change of address)		Fee(s) Transmittal. papers. Each addit	of mailing can only be used This certificate cannot be used onal paper, such as an assignment cate of mailing or transmission.	for any other accompanying ent or formal drawing, must	
One World Trade C Suite 1600 121 SW Salmon Str	reet	& Whinston I	LLP	I hereby certify the States Postal Servi addressed to the I transmitted to the I	Certificate of Mailing or Tran it this Fee(s) Transmittal is being the with sufficient postage for findial Stop ISSUE FEE addres ISPTO (571) 273-2885, on the D. Jones	nsmission ng deposited with the United rst class mail in an envelope s above, or being facsimile date indicated below. (Depositor's name)
Portland, OR 97204 12/15/2005 WABDELR3 00000035 09621020				11/1/1	. ///	(Signature)
15/12/5002 MHRDFFK		, no		1000	111-10	(Date)
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PAPPLICATION NO.	07/21/2000	FIRST NAMED		Tenca	245-53434	CONFIRMATION NO. 4090
APPLN. TYPE	SMALL ENTITY	ISSUE F		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	nonprovisional YES			.\$0	\$700	01/23/2006
EXAMINER		ART UNIT		CLASS-SUBCLASS	\neg	
REVAK, CHRISTOPHER A 213				380-028000	_	
1. Change of correspondence CFR 1.363). Change of correspond. Address form PTO/SB/12 "Fee Address" indicati PTO/SB/47; Rev 03-02 o Number is required.	Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type)				
PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE State of Orego	an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee of this form is NO (E ad through	data will appear T a substitute for B) RESIDENCE:	on the patent. If an assisting an assignment. (CITY and STATE OR (cignee is identified below, the COUNTRY)	
Oregon State U				nt): 🗖 Individual 💆	Corporation or other private g	roun entity X Government
4a. The following fee(s) are of the state of	41	Ab. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-4550 (enclose an extra copy of this form).				
5. Change in Entity Status ((from status indicated above MALL ENTITY status. See				AALL ENTITY status. See 37 (
The Director of the USPTO i NOTE: The Issue Fee and Pu interest as shown by the reco	s requested to apply the Issuablication Fee (if required) wards of the United States Pate	e Fee and Publica vill not be accepted ent and Trademark	tion Fee (if any) of I from anyone of Office.	or to re-apply any previo her than the applicant; a	ously paid issue fee to the applic registered attorney or agent; or	eation identified above. the assignee or other party in
Authorized Signature	Mu U			Date	12/12/0	05
Typed or printed name	·	Registrat				
Alexandria, Virginia 22313-1	1430.				by the public which is to file (at 12 minutes to complete, including to comments on the amount of the time of time	